

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
M00000000249
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M00000000249

Name and Mailing Address

02 NOV 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006838 01 FP 0.352 **PRSR T1 0 0615 08830-271599



AMERICAN TRANSPORTATION GROUP LLC
99 WOOD AVE S.
ISELIN NJ 08830-2715



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business 99 WOOD AVE S. ISELIN NJ 08830		5. Date Organized or Qualified To Do Business in Florida 02/08/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 52-2202668	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700009054337 11/18/02--01098--002 **300.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent ANN J. WILLIAMS Assistant Vice President
REGISTERED AGENT MUST SIGN Date 11-13-02

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	MARABAMIA, ALEJANDRO	99 WOOD AVE S	ISELIN, NJ 08830
MGR	COMPANIA SUDAMERICANA DE VAPORES S.A	99 WOOD AVE S. - 9TH FL	ISELIN, N.J 08830

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager GONZALO TRAPPAZAVAI Date 11/1/02 Daytime Phone # 732-635-2600

Typed or printed name of signing Managing Member/Manager GONZALO TRAPPAZAVAI